

FILE COPY



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C. L. "BUTCH" OTTER, GOVERNOR  
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
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P.O. Box 83720  
Boise, Idaho 83720-0036  
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June 23, 2010

Tom Whittemore  
Communicare, Inc #3 Pond  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc #3 Pond, provider #13G010

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #3 Pond, which was conducted on June 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Tom Whittemore  
June 23, 2010  
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 5, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

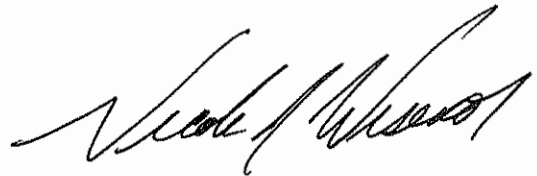
This request must be received by July 5, 2010. If a request for informal dispute resolution is received after July 5, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



BARBARA DERN  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

BD/srp  
Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNICARE, INC #3 POND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2650 SOUTH POND BOISE, ID 83705</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  The following deficiencies was cited during the annual recertification survey.  The survey was conducted by: Barbara Dern, QMRP, Team Leader Jim Troutfetter, QMRP  Common abbreviations/symbols used in this report are: IPP - Individual Program Plan LPN - Licensed Practical Nurse MAR - Medication Administration Record. NOS - Not Otherwise Specified PRN - As Needed QMRP - Qualified Mental Retardation Professional SLA - Seizure Like Activity	W 000	<p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">JUL 09 2010</p> <p style="text-align: center; font-size: 1.2em;">FACILITY STANDARDS</p>	08/21/2010
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 1 of 3 individuals (Individual #1) whose written informed consents were reviewed. This resulted in a lack of information being provided to the individuals' guardians regarding restrictive interventions. The	W 124		
			<p><u>W124</u></p> <p>Corrective Actions: This was a "thinking error" on our part. We assumed that since the representative from the State of Idaho, as this individual's appointed guardian, had the authority to put these restrictions in place, that no further consent was needed. We have now corrected our thinking on this issue. The informed consent has been processed by the QMRP and sent to this individual's guardian and we are waiting for its return for HRC review. We also have updated our "QMRP Oversight &amp; Behavioral Interventions" manual to reflect the adjustment to our thinking process (see attachment, page 27).</p> <p>QMRPs will inserviced as to in this</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

*7-7-2010*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	<p>Continued From page 1 findings include:</p> <p>1. Individual #1's IPP, dated 10/29/09, documented a 44 year old male diagnosed with mild mental retardation, depressive disorder NOS, and anxiety disorder NOS.</p> <p>Individual #1's record contained a document stating he was limited to three phone calls per day to his family and the calls could not exceed 15 minutes. The restrictions had been put in place to protect him from legal issues and to help him become less dependent on his family.</p> <p>Additionally, his record contained instructions for family visits that included the following restrictions:</p> <ul style="list-style-type: none"> <li>- Two pre-set visits per week.</li> <li>- No overnight visits.</li> <li>- Individual #1's [friend's name] was not allowed to visit him at the facility.</li> </ul> <p>However, there was no documentation of a consent defining the alternatives to the restrictions, a time limitation on the restrictions, intended outcomes or benefits.</p> <p>When asked during an interview on 6/17/10 from 3:30 - 4:40 p.m., the QMRP stated since Individual #1's guardian requested the restrictions it was thought to be sufficient and informed consent was not needed.</p> <p>The facility failed to ensure Individual #1's consent contained sufficient information.</p>	W 124	<p>change during the week of 07/12/10.</p> <p>Identifying Others Potentially Affected: No other individuals at this location have any telephone or visitation restrictions.</p> <p>System Changes: See corrective action.</p> <p>Monitoring: See System Changes. This clarification as to the scope of issues which require informed consent will be added to our Quality Assurance Review process.</p> <p><u>W262</u></p> <p>Corrective Actions: This was a "thinking error" on our part. We assumed that since the representative from the State of Idaho, as this individual's appointed guardian, had the authority to put these restrictions in place, that no further consent was needed. We have now corrected our thinking on this issue. The informed consent has been processed by the QMRP and sent to this individual's guardian and we are waiting for its return for HRC review. We also have updated our "QMRP Oversight &amp; Behavioral Interventions" manual to reflect the adjustment to our thinking process (see attachment).</p> <p>QMRPs will inserviced as to in this change during the week of 07/12/10.</p>	08/21/2010
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE	W 262		

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W 262	<p>Continued From page 2</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure restrictive interventions designed to manage inappropriate behaviors were implemented only with the approval of the human rights committee for 1 of 3 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior approvals of restrictive interventions. The findings include:</p> <p>1. Individual #1's IPP, dated 10/29/09, documented a 44 year old male diagnosed with mild mental retardation, depressive disorder NOS, and anxiety disorder NOS.</p> <p>Individual #1's record contained a document stating he was limited to three phone calls per day to his family and the calls could not exceed 15 minutes. Additionally, his record contained instructions for family visits that included the following restrictions:</p> <ul style="list-style-type: none"> <li>- Two pre-set visits per week.</li> <li>- No overnight visits.</li> <li>- Individual #1's [friend's name] was not allowed to visit him at the facility.</li> </ul> <p>However, his record did not contain evidence of</p>	W 262	<p>Identifying Others Potentially Affected: No other individuals at this location have any telephone or visitation restrictions.</p> <p>System Changes: See corrective action.</p> <p>Monitoring: See System Changes. This clarification as to the scope of issues which require informed consent will be added to our Quality Assurance Review process.</p>		

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W 262	Continued From page 3 HRC review.  When asked during an interview on 6/17/10 from 3:30 - 4:40 p.m., the QMRP stated HRC did not review his call and visitation restrictions.  The facility failed to ensure HRC approval was obtained for for Individual #1's call and home visits restrictions.	W 262		
W 312	483.450(e)(2) DRUG USAGE  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' IPP that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 3 individuals (Individual #1) whose medication reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without plans that identified the drugs usage and how they may change in relation to progress or regression. The findings include:  1. Individual #1's IPP, dated 10/29/09, documented a 44 year old male diagnosed with mild mental retardation, depressive disorder NOS, and anxiety disorder NOS.	W 312	<u>W312</u>  Corrective Actions: Failure to review this issue was an oversight by the QMRP Supervisor and other IDT members. Discontinuation of this PRN psychotropic medication was discussed with this individual at his psychiatric follow-up appointment 06/28/10 and the PRN medication order was discontinued.  Identifying Others Potentially Affected: The two other individuals at this location who have PRN psychotropic medications are potentially affected.  System Changes: We have updated our "QMRP Oversight & Behavioral Interventions" manual to clarify both the expectation and the responsibility of insuring the timely review of PRN psychotropic medication (see attachment, page 26).  Monitoring: Since the QMRP Supervisor is responsible ensuring this process occurs, we will formally involve both the QMRP and RN Supervisor as reviewers of this system.	08/21/2010

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W 312	Continued From page 4 Individual #1's Medication Reduction Plan, dated 9/9/09, documented he could receive Ativan (an antianxiety drug) 1 mg PRN for extreme agitation.  The Reduction Criteria section of the Medication Reduction Plan documented "Will discuss possible reduction when either [Individual #1] has needed zero (0) PRNs for 6 consecutive months OR in 12 months from date of this plan." However, Individual #1's PRN medication administration records documented he had not received Ativan during the period of 9/09 - 5/10.  When asked during an interview on 6/17/10 from 3:30 - 4:40 p.m., the QMRP Supervisor stated the medication reduction plan had not been reviewed.	W 312			
W 370	The facility failed to ensure Individual #1's plan related to the use of Ativan was followed. <b>483.460(k)(3) DRUG ADMINISTRATION</b>  The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.  This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure medications were administered only by licensed personnel in accordance with state law for 1 of 5 individuals (Individual #6) who were observed taking medications. This resulted in medication being administered contrary to State law. The findings include:  Individual #6's record documented a 55 year old male diagnosed with profound mental retardation and a psychotic disorder.	W 370	<u><b>W370</b></u>  Corrective Actions: We feel we have a systematic and very carefully thought out training system both for staff who assist with medications and for individuals who are involved in training programs to be more independent in this self-administration of medications. In reviewing this citation we have determined that the staff member observed did not follow correct self-administration procedures as taught in our "Assistance With Oral Medication" training module.  There is an instruction both in our organization's "Assistance with Oral Medication" training module and in the "CCI Medication Administration Protocol" designed specifically for this location which states: "If an individual chooses not to take medications, the Med Passer is to continue the medication pass procedure with the next individual. After all other individuals are done, give the person who previously refused to take medications another opportunity to complete the self-administration program. When individuals self-administer medications appropriately, give reinforcement as listed on the "CCI Intervention Plan and Prioritized Data Collection" sheet. If the medication is refused again, contact the nurse on duty."		08/21/2010

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W 370	<p>Continued From page 5</p> <p>Individual #6's medication data sheet, dated 6/10, contained the following instruction to staff: "Due to SLA staff are to assist [Individual #6], if needed, hand over hand to take his meds."</p> <p>However, during a medication pass observation on 6/15/10, from 4:03 - 4:10 p.m., an unlicensed staff was observed to administer approximately one teaspoon of applesauce containing 200 mg of crushed Trazodone (an antidepressant drug) to Individual #6 without his assistance.</p> <p>Idaho Board of Nursing Rules, 23.01.01.490.05., state unlicensed personnel may assist individuals with medications, but are not permitted to directly administer medications.</p> <p>Additionally, the facility's Assistance With Oral Medication training program, revised 12/08, documented in the Legal Requirements section that instructional staff were to "assist" individuals.</p> <p>When asked during an interview on 6/17/10 from 3:30 - 4:40 p.m., the LPN stated at times they have to give the medications without the individual's assistance.</p> <p>The facility failed to ensure medications were administered only by licensed personnel.</p>	W 370	<p>Instead of following this procedure when being observed by surveyors, the "Med Passer" delivered the medication as described rather than following the training steps as outlined on this individual's Self-Administration Training program. We view this as a staff training issue rather than as a systematic flaw.</p> <p>We are choosing to address this issue as follows:</p> <p>1) The RN Supervisor, LPN, QMRP, Assistant QMRP (House Supervisor), Instructional Leadworker, and instructional staff who have been consistently success in assisting this individual with medication administration will meet 07/10 to review these issues and will revised the data based training program (if needed) and the "CCI Medication Administration Protocol" for this location.</p> <p>2) All unlicensed assistive personnel at this location will be provided additional training related to assisting this individual with the self administration process based on revisions outlined in 1);</p> <p>3) The LPN assigned to this location will be further trained by the RN Supervisor related to understanding that assisting with self-administration must be addressed through data-based training in a systematic way, that any other action is not in keeping with CCI procedures, and that issues with self-administration must be addressed through established</p>		

channels (i.e., review and update of the SAMs as necessary, additional staff training, additional med pass observation, and repeating any of these efforts as needed.)

Identifying Others Potentially Affected: All other individuals living at this location are potentially affected.

System Changes: See "Corrective Actions"

Monitoring: The RN Supervisor is responsible for insuring CCI is in compliance with both Idaho Board of Nursing Rules and CCI's "Assistance With Oral Medication" program. Observations are delegated to other management staff including the LPN, QMRP, Assistant QMRP (House Manager) and Instructional Leadworker. After any necessary adjustments are made to the data based training program for this individual, staff will be inserviced then "Med Pass Observations" will be focused on proper implementation for the next three months until we are sure corrective action has occurred with the RN Supervisor reviewing all observations.

Bureau of Facility Standards

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MM164	16.03.11.075.04 Development of Plan of Care  To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124.	MM164	<u>MM164</u>  Please refer to W124  <b>RECEIVED</b> <b>JUL 09 2010</b> <b>FACILITY STANDARDS</b>	
MM194	16.03.11.075.10(a) Approval of Human Rights Committee  Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	<u>MM194</u>  Please refer to W262	
MM197	16.03.11.075.10(d) Written Plans  Is described in written plans that are kept on file in the facility; and  This Rule is not met as evidenced by: Refer to W312.	MM197	<u>MM197</u>  Please refer to W312	
MM755	16.03.11.270.02(f)(ii)(a) Resident unable to Self-Administrate  If the resident is not capable of self-administration of medications under staff supervision, this fact	MM755	<u>MM755</u>  Please refer to W370	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 

TITLE

*Administrator*

(X6) DATE

**7-7-2010**

Bureau of Facility Standards

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MM755	Continued From page 1  must be documented in the resident's assessment. Such residents cannot be accepted by facilities unless a licensed nurse is on duty to administer and record such medications. This Rule is not met as evidenced by: Refer to W370.	MM755		

- a. If an individual has ONE medication used to treat a single DIAGNOSIS, this medication will be prioritized first for reduction.
  - b. If an individual has ONE medication used to treat all their psychiatric DIAGNOSES, this will be prioritized first to be reduced based on criteria set for each of their diagnoses.
  - c. If an individual has ONE medication used to treat each of their DIAGNOSES (one medication for diagnosis 1, a second medication for diagnosis 2), each medication will be prioritized first for reduction based on criteria established for each diagnosis.
  - d. If an individual has TWO or more medications of the SAME CLASS that are used to treat the same DIAGNOSIS, one medication will be prioritized as first to be reduced based on the medical judgment of the psychiatric service provider this may include side effects, amount of time on a medication, presence of other medications, etc.)
  - e. If an individual has TWO or more medications of DIFFERENT CLASSES that are used to treat the same DIAGNOSIS, the medications should be prioritized based on which CLASS will be reduced first. If there is more than one medication in any given CLASS, priority must be set for the medications within this CLASS.
  - f. If an individual has TWO or more medications of DIFFERENT CLASSES used to treat MULTIPLE DIAGNOSES, medications first need to be grouped as to which diagnosis they are prescribed to treat. Then, within each diagnostic category, if there are multiple medications of the SAME CLASS, these medications need to be prioritized for reduction within their class.
  - g. **If an individual has one or more psychotropic medications prescribed on a PRN basis, CCI's general operational response is to discuss discontinuation of the use of such medication if the individual has not used it within six (6) months and this is reflected in medication reduction plans. It is the combined responsibility of the QMRP Supervisor, RN Supervisor, and QMRP to ensure this plan is implemented and that discussion related to this issue is documented both by the QMRP and the psychiatric services provider.**
3. All medication reductions will be discussed by the treatment team before being implemented. If the team requests a reduction, they will ask the psychiatric service provider for a medication reduction. This will happen at the monthly trending/tracking meeting. If the psychiatric service provider believes a reduction to be medically inadvisable, this will be noted in the doctor's orders and discussed by the treatment team.
  4. The goal of all medication reduction plans is to have individuals on the fewest number of psychotropic medications possible while maintaining a maximum quality of life and independence. As a result, medication reductions are scheduled to happen annually UNLESS otherwise ordered by a doctor OR determined to be behaviorally contraindicated. If this determination is made, it will be so noted using a CHALLENGE FORM.

**D. PSYCHOACTIVE MEDICATION PROFILE AND REDUCTION PLAN FORM**

1. **Identifying Information:** Enter the individual's name, date the plan was prepared, Psychiatric Diagnosis, Psychiatric Service (PNP = Psychiatric Nurse Practitioner), and the QMRP.
2. **Psychoactive Medication(s):** Enter the names of all medication used to manage behavior and/or treat a psychiatric condition.
3. **Date Originally Prescribed:** For each psychoactive medication, enter the date the medication was initially ordered.
4. **Original/Current Dose:** In the top section enter the original dose ordered; in the bottom section enter the dose as of the date of the plan.
5. **Drug Class/Usage:** For each psychoactive medication, enter the drug classification and usage information from the information summarized on the Behavior Management/Support Plan (BMP).
6. **Prescribed for:** For each psychoactive medication, enter the diagnosis of the condition the medication is prescribed for. To Manage (specific behavior): For each psychoactive medication, enter the specific behavior being targeted (i.e., aggression, verbal outburst, delusions, etc.)
7. **Reduction Criteria:** For each psychoactive medication, based on IDT discussion, briefly state the behavioral objective which, when met, triggers a reduction.
8. **Target Date:** List the target date for reduction.
9. **Reduction Priority:** List the reduction priority in relationship to other medications.
10. **Previous Attempt:** List the date of previous attempts to reduce the medication.
11. **Other Information:** List other relevant information.

**E. PSYCHOACTIVE MEDICATION: AUTHORIZATION AND CONSENT**

1. **Identifying Information:** Enter the individual's first and last name, QMRP's name, and current date.

2. Description of Medication: Indicate the brand name of the medication to be administered; state the generic name of the medication to be administered; indicate the general type of drug to be administered; record the therapeutic range of the medication to be administered.
3. Predicated Advantages: Record the predicted advantages of the use of this medication.
4. Predicated Disadvantages/Side Effects: Record the predicted disadvantages/side effects of the use of this medication and/or copy the medication information sheet which contains this information.
5. Possible Alternatives: Record the possible alternatives to the use of this medication.
6. To Be Reviewed: Discuss the information listed under "Review" with the individual.
7. Effective Dates: Enter the dates consent will be in effect (typically one year but no longer than 2 years).
8. Verification of Consent: If the individual consents to the treatment, he/she signs, as does the QMRP. Both signatures must be dated.
9. Verification of Declination: If the individual declines consent to the treatment he/she signs here, as does the QMRP. Both signatures must be dated.
10. Ability to Give Informed Consent: The QMRP indicates if the IDT is of the opinion that the individual is able or unable to fully comprehend the information presented, checks the appropriate statement, and signs and dates these entries.
11. Third Party Advocacy: If third party advocacy is indicated, the person who reviews the presented information (typically a parent/guardian/family member) signs, dates, and indicates their relationship to the individual. In an emergency situation, if no such representative is identified, CCI's administrator will review all prepared documents and sign in behalf of the individual.
12. HRC Review: The Human Rights Committee must review the use of this medication prior to its use. A quorum of HRC members must sign and date their signatures as evidence of HRC review.
13. Verification of Telephone Consents: If consenting individuals cannot meet with the QMRP in person, telephone consents can be obtained as long as follow-up written consents are obtained within 30 days on either the original document or copies of that document. This information is recorded by QMRP.

**F. BEHAVIORAL MANAGEMENT/SUPPORT PLAN (BMP): AUTHORIZATION AND CONSENT**

1. Identifying Information: Enter the individual's first and last name, QMRP's name, and current date.
2. Reference to Behavior Plan/Amendment: Record the date of the BMP being reviewed.
3. Predicated Advantages: Record the predicted advantages of the use of this BMP.
4. Predicated Disadvantages: Record the predicted disadvantages of the use of this BMP.
5. Possible Alternatives: Record the possible alternatives to the use of this behavior intervention.
6. To Be Reviewed: Discuss the information listed under "Review" with the individual.
7. Effective Dates: Enter the dates consent will be in effect (typically one year but no longer than 2 years).
8. Verification of Consent: If the individual consents to the treatment, he/she signs as does the QMRP. All signatures must be dated.
9. Verification of Declination: If the individual declines consent to the treatment he/she signs here, as does the QMRP. Both signatures must be dated.
10. Ability to Give Informed Consent: The QMRP indicates if the IDT is of the opinion that the individual is able or unable to fully comprehend the information presented, checks the appropriate statement, and signs and dates these entries.
11. Third Party Advocacy: If third party advocacy is indicated, the person who reviews the presented information (typically a parent/guardian/family member) signs, dates, and indicates their relationship to the individual. If no such representative is identified, CCI's administrator will review all prepared documents and sign in behalf of the individual.
12. HRC Review: If third party advocacy is indicated, the Human Rights Committee must review the behavior program/amendment prior to its use. A quorum of HRC members must sign and date their signatures as evidence of HRC review.
13. Verification of Telephone Consents: If consenting individuals cannot meet with the QMRP in person, telephone consents can be obtained as long as follow-up written consents are obtained within 30 days on either the original document or copies of that document. This information is recorded by QMRP.

**G. AUTHORIZATION AND INFORMED CONSENT (NON-BEHAVIORAL)**

1. This version of the consent form contains the same elements described above but is used for the authorization of restrictive elements which are not related specifically to a Behavior Management/Support Plan (BMP). This form is generally used for issues of safety, such as the use of bedrails to prevent falls, door alarms to alert staff, chimes or other non-traditional auditory signals used to alert staff, for any restrictions of visits by family and/or friends (even if requested by guardian and/or family, etc. Any such restriction MUST HAVE both guardian/family consent and approval by the Human Right's Committee.